

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

REPORT OF RENEWAL INFORMATION FOR CERTIFICATE OF AUTHORIZATION

Certificates of Authorization to practice architecture, professional engineering, or design of engineering systems as a corporation must be renewed before February 1, 2006. To renew, corporate certificate holders must return the enclosed renewal application, fee of \$70.00, and this report of renewal information. These items should be mailed to PO Box 2974, Milwaukee, WI 53201. A late filing fee is required for all renewals received on or after February 1, 2006.

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1. Registration number _____
2. Corporation name _____

☐ Check here if this is a change from that shown on the renewal application.

Previous name _____

3. Mailing address _____

NOTE: If the corporation name or mailing address differs from that on the renewal application, the change must be recorded on both this form and the renewal application.

4. Names and addresses of all officers and directors of the corporation:

<u>Name</u>	<u>Address</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Addresses of all branch offices located in Wisconsin:

6. The certificate of authorization should include authorization to provide the following professional services through registered persons (check all that apply).

☐ Architecture ☐ Professional Engineering ☐ Design of Engineering Systems

7. All licensed employees of a corporation licensed in any of above professions in Wisconsin, must complete the Certificate on the back of this form. All licensees are required to possess a personal seal pursuant to Chapter A-E 2, Wis. Admin. Code. The seal, name, profession, registration number, address and signature must be included in the Certificate. (Attach additional pages if necessary.)

8. Any changes in the above information during the two-year registration period must be reported in writing to the Department of Regulation and Licensing, Bureau of Business and Design Professions, P.O. Box 8935, Madison, WI 53708.

9. Name _____
Title _____
Signature _____ Date _____

Wisconsin Department of Regulation & Licensing

CERTIFICATE

I certify that I am employed by _____
(name of corporation)

and that I have a current license in architecture, professional engineering, or design of engineering systems which is being practiced in Wisconsin through said corporation.

(SEAL)

(SEAL)

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____

(SEAL)

(SEAL)

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____

(SEAL)

(SEAL)

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____